

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town RURAL, Kingston
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town RURAL, Kingston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ella Bailey

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Isaac Bailey
 6.(c) If alive, give age 67 years
 7. Birth date of deceased (mo., day, yr.) Mo. & Da. Unknown, 1901
 8. AGE: Years 44 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Little Rock, North Carolina
 (Town, county, and state)

10. Usual occupation General house work

11. Industry or business

FATHER 12. Name Thomas Bailey
 13. Birthplace Little Rock, North Carolina
 MOTHER 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Isaac Bailey
 Address Kingston, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Aug. 22, 1945
 (month) (day) (year)
 Cemetery or crematory Polks Road Cemetery
 Location Mount Vernon, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. 8/23 45 Twelva B. Dawson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1945 at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1944 to August 20, 1945
 and that I last saw him alive on August 15, 1945

Immediate cause of death Cerebral embolism
caused by heart

Due to _____

Due to Arteriosclerotic degeneration
of the heart

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Emory C. Anselm, M.D.

Address Monk's Point Date signed Aug 22 1945

M. D. or other

RECEIVED
AUG 28 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08278 260

1. PLACE OF DEATH:

County SomersetCity or town Princeton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town E. Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Noah Birens Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

single

8. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

July 23-1931

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

1411

hrs.

min.

9. Birthplace

E. Princess Anne Somerset MD
(Town, county, and state)

10. Usual occupation

school child

11. Industry or business

FATHER

12. Name

Noah Birens

13. Birthplace

E. Princess Anne Somerset

14. Maiden name

Ethel Hargis

15. Birthplace

E. Princess Anne Somerset

16. Informant

Dorothy Hargis

Address

E. Princess Anne MD

17.

(Burial, cremation, or removal. Which?)

burial

Date thereof

8-27-45
(month) (day) (year)Cemetery or crematory West Pt.

Location

E. Princess Anne MD

18. Funeral director

Address

Princess Anne, Md.

19.

August 25 45
(Date rec'd by registrar)

19

R. B. Johnson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 24 1945 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 10 _____ to _____ 10 _____
and that I last saw him _____ 10 _____ alive on _____ 10 _____

Immediate cause of death

Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

AccidentDate of 8/24/45

Where did injury occur

Princess Anne Somerset MD
(City or town) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Drowning

Injured at work?

no

23. SIGNATURE

Frederic M. Loufford M.D.
M. D. or other

Address

Princess Anne MDDate signed 8/25/45

RECEIVED
JUG 28 1945
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 75

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County E. Somerset
 City or town E. Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Native

Hospital, institution, or street address where death occurred:

E. PRINCESS ANNE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SOMERSET

City or town E. PRINCESS ANNE
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Oakville SECTION
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lillie Cannon

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

WIDOW

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1903
 6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

42

hrs. min.

9. Birthplace West P.O. Somerset County - Md
 (Town, county, and state)

10. Usual occupation House wife. Domestic

11. Industry or business

12. Name Henry Polka

13. Birthplace Princess Anne

14. Maiden name Josephine Hargis

15. Birthplace Princess Anne Somerset

16. Informant Mary Hargis

Address East Princess Anne Md

17. Burial Date thereof Aug 16 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory West Po Md

Location East Princess Anne Md

18. Funeral director Princess Anne

Address Princess Anne

19. Aug 16 45 Registrar R. B. Johnson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 AUGUST 1945 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1945 to AUGUST 13 1945
 and that I last saw her alive on AUGUST 13 1945

Immediate cause of death ORGANIC HEART DISEASE

DURATION

UNKNOWN

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur M. Browne M.D.Address 115 Willow St Salisbury Date signed 8/15/45

RECEIVED

AUG 18 1945

BUREAU T. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

08280

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: McDermid Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 39 hours
Stay in this community (yrs., or mos., or days) 37 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Massachusetts Ave SW
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Cullbertson

3. (b) Social Security Number

4. Sex 7 5. Color or race N 6. (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1945

8. AGE: Years _____ Months _____ Days _____ If less than one day 39 hrs. _____ min.

9. Birthplace Crisfield, Somerset, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business _____

FATHER 12. Name Harold Cullbertson
13. Birthplace Klemo

MOTHER 14. Maiden name Mildred Morgan
15. Birthplace Crisfield Md

16. Informant Mildred Morgan Cullbertson
Address Crisfield, Md

17. Buried Date thereof 8/7/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Burial Ground
Location Crisfield, Maryland

16. Funeral director Wilbur C. Morgan
Address Crisfield Maryland

19. 8/7/45 19 6 E. Collins Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 19 45, at 4:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 19 45, to Aug 6 19 45, and that I last saw him alive on Aug 6 19 45.

Immediate cause of death Premature infant (6 mo)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE David M. Penter MD M. D. or other _____

Address Crisfield Md Date signed Aug 7

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REC'D CIVIL
AUG 11 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127)

CERTIFICATE OF DEATH

Reg. Dist. No. 08281 265

1. PLACE OF DEATH:

County Somerset
 City or town Brisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Brisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Broadway
 (If rural, give LOCATION)
 2. (a) If veteran, name war etc

3. (a) FULL NAME

John E. Mason
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Mary Elizabeth
 7. Birth date of deceased (mo., day, yr.) February 2, 1863
 8. AGE: Years 82 Months 6 Days 29 hrs. min.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 19 45 12 30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 45 to Aug 31 19 45
 and that I last saw him alive on Aug 31 19 45
 Immediate cause of death Coronary occlusion DURATION

Due to Cardio-Vascular
renal diseases
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Chas. P. Schwatka M. D. or other
 Address Brisfield Date signed Aug 31/45

9. Birthplace Pocomoke City MD
 (Town, county, and state)
 10. Usual occupation Waterman (Retired)
 11. Industry or business Boat (Seep)
 12. Name Mitchell Mason
 13. Birthplace Pocomoke City MD
 14. Maiden name Wheeler
 15. Birthplace Maryland
 16. Informant Jennie I. Boulbourn
 Address Brisfield MD
 17. Burial Date thereof 9/2/45
 (Burial, cremation, or removal. Which) (month) (day) (year)
 Cemetery or crematory Brisfield
 Location Brisfield MD
 18. Funeral director Harold H. Hubbard
 Address 306 Main St. Brisfield
8/31/45 19 45 C. C. Eakin M.D.
 (Date rec'd by registrar) Registrar

CERTIFICATE OF DEATH

RECEIVED

SEP 12 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-2)

CERTIFICATE OF DEATH

08282

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset

City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Somerset

City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. Charlotte Ave
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME

James Lunkford Mister

3.(b) Social Security Number

none

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife Mary Ann Mister

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 6, 1861

8. AGE: Years 84 Months 4 Days 9 If less than one day hrs. min.

9. Birthplace Smith Island, Md.
(Town, county, and state)

10. Usual occupation waterman

11. Industry or business self

12. Name James Mister

13. Birthplace Smith Island, Md.

14. Maiden name ----- Tyler

15. Birthplace Smith Island, Md.

16. Informant Mary Ann Mister

Address Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/17/45
(month)/(day) (year)

Cemetery or crematory Ashbury

Location Crisfield, Md.

18. Funeral director Howard H. Hubbard

Address 306 Main St., Crisfield, Md.

19. 8/17/45 6 E. Callie M. D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1945 at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 11 1945 to Aug. 15 1945

and that I last saw him alive on Aug. 5 1945

Immediate cause of death cerebral hemorrhage

DURATION

4 days

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Payton M.D.

M. D. or other

Address Crisfield, Md. Date signed Aug 17 1945

RECEIVED TO DIRECTOR OF FBI

RECEIVED TO DIRECTOR OF FBI

RECEIVED
SEP 12 1945
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

08283

Reg. Dist. No. 270

1. PLACE OF DEATH:

County SomersetCity or town Criffield Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or other address where death occurred:

Ms Cready Memorial HospHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke City Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ellen M. Cutton

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

George Cutton

7. Birth date of

deceased (mo., day, yr.)

August 7, 1866

8. AGE:

Years 79 Months 0 Days 18 If less than one day
hrs. _____ min. _____

9. Birthplace

Smallfield, Worcester, Maryland
(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

Edward Cutton

12. Name

Maryland

13. Birthplace

unmil Prans

14. Maiden name

Maryland

15. Birthplace

Mrs Sadie Johnson

16. Informant

Pocomoke City Md

Address

Burial

(Burial, cremation, or removal. Which?)

Salmon M. E. Cemetery

Cemetery or crematory

Pocomoke City Md

Location

Margarette H. Watson

18. Funeral director

Pocomoke City Md

Address

8/27

(Date rec'd by registrar)

1945Julia B. Dawson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25, 1945 at 1:03 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 12, 1945 to August 25, 1945and that I last saw him alive on August 25, 1945

Immediate cause of death

Acute Deo of Heart

DURATION

2 weeks

Due to

Chronic Deo of Heart

Due to

Chronic myocardial

Other conditions

Jeune arties Saloma

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George C. Dawson

M. D. or other

Date signed August 27, 1945

RECEIVED
SEP 12 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20-0)

CERTIFICATE OF DEATH

Reg. Dist. No.

08284

260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Raymond E. Powell4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Helen Powell6. (c) If alive, give age 29 years7. Birth date of deceased (mo., day, yr.) August 16, 19098. AGE: Years 35 Months 11 Days 28 If less than one day _____ hrs. _____ min.9. Birthplace Revels Neck, Md.
(Town, county, and state)10. Usual occupation Proprietor Business

11. Industry or business _____

12. Name Eligah Powell13. Birthplace Worcester County14. Maiden name Annie Adams15. Birthplace Kingston, Md.16. Informant Helen PowellAddress Princess Anne, Md.17. Burial Burial Date thereof Aug. 15, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Episcopal CemeteryLocation Princess Anne, Md.18. Funeral director Wale WashellAddress Princess Anne, Md.19. August 14, 45 R. D. Johnson
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1945 at 5 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 17, 1944 to Aug. 13, 1945and that I last saw him alive on Aug. 13, 1945Immediate cause of death unipolar(sudden death)

DURATION

acute

Due to _____

Due to _____

Other conditions chronic alcoholismepilepsy - Grand-mal
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Maturo

M. D. or other _____

Address Princess Anne, Md. Date signed 8/14/45

NAVY AND MARINE CORPS DEPARTMENT OF DEFENSE

CERTIFICATE OF DEATH

RECEIVED
MAY 16 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age & birth date of deceased

is shown on

NO. G 97 SEP 6 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08285

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon Ind.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Somerset

City or town Mt Vernon Ind.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

James Henry Pruitt

3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1878 1867

8. AGE: Years 77 Months 7-8 Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Mt Vernon, Somerset, Ind.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oyster & Crab

12. Name Robert Pruitt

13. Birthplace Richmond Va.

14. Maiden name Sarah Lawrence

15. Birthplace Wisconsin Co.

16. Informant John Pruitt

Address Mt Vernon Ind.

17. Burial Date thereof Aug 8, 1945
(Burial, cremation, or removal. Which?) (month, day, year)

Cemetery or crematory Asbury M.E.

Location Mt Vernon Ind.

18. Funeral director State DeLoach

Address Princess George

19. Aug 8 19 45 R. D. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 19 45 at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 5 19 45 to Aug 6 19 45

and that I last saw him alive on Aug 6 19 45

Immediate cause of death cerebral hemorrhage

DURATION

1 wk

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Matthews

M. D. or other

Address Mt Vernon Ind. Date signed Aug 8

RECEIVED

AUG 14 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County Somerset

City or town Crile
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 year.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crile, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Laura E. Simpson

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Mr. E.P. Simpson

7. Birth date of

deceased (mo., day, yr.)

Nov. 28, 1871

8. AGE:

Years

Months

Days

If less than one day

73

8

17

hrs.

min.

9. Birthplace

Baltimore, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

James Clem

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Elizabeth Housee

15. Birthplace

Baltimore, Md

16. Informant

Evelyn Bennett

Address

Crile, Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

8 16 46
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Rockville, Montgomery Co Md

18. Funeral director

J. J. Webster

Address

Deale Island Md

19.

Aug 16 1946
(Date rec'd by registrar)

1946

Wm S. Bennett

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 14 1946 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1943 to Aug 1945

and that I last saw her alive on Feb 25 1945

Immediate cause of death

Acute Coronary disease

DURATION

5 hr

Due to

Chronic myocarditis

3 yr

Due to

Hypertension

9

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. None Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury None

Injured at work?

23. SIGNATURE

Rt Hon Wm S.

M. D. or other

Address

Prince Anne Md

Date signed

Aug 15 46

RECEIVED

AUG 18 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH



Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Barrfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Barrfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. State Road
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Josephine

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1878
 8. AGE: Years 68 Months 11 Days 13 (If less than one day) hrs. min.

9. Birthplace Barrfield, MD
 (Town, county, and state)
 10. Usual occupation Waterman

11. Industry or business

Self
 12. Name Albert G. Sterling
 13. Birthplace MD

14. Maiden name Sarah E. Sterling
 15. Birthplace MD

16. Informant Minnie Sterling
 Address Barrfield

17. Burial Date thereof 8/25/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ashbury
 Location Barrfield MD

18. Funeral director Howard H. Howard
 Address Barrfield MD

19. 8/25/45 B. B. Bullum M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25, 1945, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1944 to Aug 25 1945.
 and that I last saw him alive on August 25 1945.

Immediate cause of death Heart
Dead DUE TO Heart

Due to Circumstances 2 years
Stomach

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE B. B. Bullum M.D. M.D. or other
 Address Murri St. MD Date signed Sept 25, 45

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SEP 12 1945
BUREAU T.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

08288

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset
City or town Cusfield Md
(If outside city or town limits, write RURAL NEAR and give town.)
Street address, hospital, or institution Edw. M. McCarty Mem. Hosp
Stay in hospital or inst. (yrs., or mos., or days) 10 days
Stay in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Westover Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town.)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Emma Orita Thomas

3. (b) Social Security Number

none

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

B (b) Name of husband or wife John Thomas
B (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 7, 1865

8. AGE: Years 79 Months 11 Days 23 It less than one day _____ hrs. _____ min.

9. Birthplace Deal Island - Somerset - Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Giles T. Webster

13. Birthplace Deal Island, Md

MOTHER 14. Maiden name Louisa Kelly

15. Birthplace Chance, Md

16. Informant Mrs. Emmett Long
Address Westover, Md.

17. Burial Date thereof 9-1-45
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Deal Island, Md

18. Funeral director H. Harvey Bradshaw

Address Cusfield, Md

19. Sept. 1, 1945 C. E. Collins, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1945, at 5:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1945, to August 28 1945, and that I last saw him alive on August 28 1945.

Immediate cause of death Acute Dec of heart DURATION 10 days

Due to _____

Due to Intestinal obstruction 10 days

Due to Intestinal obstruction Not due to cardiac, C. & P.

Other conditions Chronic hypertension
(Include pregnancy within 3 months of death)

Major findings: General atherosclerosis

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George C. Collins, Md M. D. or other _____
Address Murrieto, Md Date signed Sept 1, 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 12 1945

BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 188

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 yrs. 4 mo. 5 da.
 Hospital, institution, or street address where death occurred:
Edward W. McCready Memorial Hospital
2 hrs
 How long in hospital or institution? 2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Betty Lee Ward

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>	
6. (b) Name of husband or wife _____			
6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>April 15, 1926</u>			
8. AGE:	Years <u>19</u>	Months <u>4</u>	Days <u>5</u> hrs. _____ min.
9. Birthplace <u>Crisfield-Somerset-Maryland</u> (Town, county, and state)			
10. Usual occupation <u>Factory worker</u>			
11. Industry or business <u>War materials</u>			
FATHER	12. Name <u>Norris Ward</u>		
	13. Birthplace <u>Crisfield, Maryland</u>		
MOTHER	14. Maiden name <u>Anna Miles,</u>		
	15. Birthplace <u>Crisfield, Maryland, RFD</u>		
16. Informant <u>Norris Ward</u> Address <u>Crisfield, Maryland</u>			
17. Burial <u>Burial</u> Date thereof <u>Aug. 22, 1945</u> (Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory <u>Sunnyridge Cemetery</u>			
Location <u>Crisfield, Maryland, RFD.</u>			
18. Funeral director <u>H. Harvey Bradshaw</u> Address <u>Crisfield, Maryland</u>			
19. <u>8/22/45</u> <u>C. E. Holliman, M.D.</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1945 at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____.

Immediate cause of death

Crushed & Ruptured
heart

DURATION

Due to

Internal
Hemorrhage

Due to

Shock -
Horse Back riding
& Horse fall on
head

Other condition

(Include this if pertinent) William H. Coulbourn, M.D.Major findings of operation DEPUTY MEDICAL EXAMINERFOR SOMERSET COUNTY, MD.Autopsy results _____
PHYSICIAN: Please endorse the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident suicide, or homicide Date of Aug 20, 45
 Where did injury occur Crushed & Ruptured heart (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Hygiene Beach
 Means of injury Horse fall on head

23. SIGNATURE

W. H. Coulbourn, M.D.
 M. D. or other
 Address Crisfield, MD Date Aug 22, 45

RECEIVED

AUG 30 1945

SURNAME T.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield RURAL
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Somerset
 City or town Crisfield RURAL
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Georgiana Ward

3.(b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Addo R. Ward
 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) January 8, 1887
 8. AGE: Years 58 Months 7 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Smith Island-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jefferson Sutton
 13. Birthplace Smith Island Md.
 MOTHER 14. Maiden name Minnie Hall
 15. Birthplace Smith Island Md

16. Informant Addo R. Ward
 Address Hopewell Md.

17. Burial Date thereof 8/15/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hopewell Cemetery
 Location Hopewell Md.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 8/15 1945 Joseph P. Lawson
 (Date rec'd by registrar) Registrar C. E. Collins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1945 at 1030 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9 1945 to August 11 1945
 and that I last saw her alive on August 9 1945

Immediate cause of death Acute Myocardial Infarction
Myocardial

Due to chronic heart disease
hypertension

Due to _____
 Other conditions fatal aortic disease

(Include pregnancy within 3 months of death)

Major findings of operations _____
 _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Joseph P. Lawson M. D. or other _____
 Address Morris St. Md Date signed Aug 13 45

RECEIVED
AUG 30 1945
BUREAU V.H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 208

1. PLACE OF DEATH:

County SomersetCity or town Deal Island Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Frederick Webster

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife.....

B. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Jan. 13 - 1910

8. AGE:

Years

Months

Days

If less than one day

35

hrs. min.

9. Birthplace Deal Island Somerset
(Town, county, and state)10. Usual occupation Sailor

11. Industry or business

Wm H. Webster12. Name Deal Island Md13. Birthplace Hellier Webster14. Maiden name Deal Island Md15. Birthplace Wm H. Webster16. Informant Deal Island MdAddress Burial17. (Burial, cremation, or removal, Which?) Date thereof 8/17/1945
(month) (day) (year)Cemetery or crematory St. Johns M.E.Location Deal Island Md18. Funeral director H. WebsterAddress Deal Island Md19. Aug. 17th 19 45 Rosa Webster
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 19 45 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 14 19 45 to Aug. 15 19 45and that I last saw him alive on Aug. 14 19 45Immediate cause of death PulmonaryTuberculosis

DURATION

5 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Frank Webster MD M. D. or otherAddress Princess Anne Date signed Aug 16

RECEIVED
AUG 27 1945
BUREAU V.S.